POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	W	7537	1-04-00
O.I.P.E. CLASSIFIER		6025 _10_	1-12-00.
FORMALITY REVIEW	ED		1/38/0
RESPONSE FORMALITY REVIEW			
			3/16/0-6

INDEX OF CLAIMS

✔ .... Rejected	N .... Non-elected	
= .... Allowed	I .... Interference	
– (Through numeral)... Canceled	A .... Appeal	
÷ .... Restricted	O .... Objected	

Claim		Date										
Final	Original	9/25/01	12/28/01 4/24/02	12/9/02	1/22/04	12/8/04						
	①	÷	✔ ✔	✔	✔	✔						
	2	÷	✔ ✔	✔	✔	✔						
	3	÷	✔ ✔	✔	✔	✔						
	④	÷	✔ ✔	✔	✔	✔						
	⑤	÷										
	⑥	÷				N						
	⑦	÷				N						
	⑧	÷				N						
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If more than 150 claims or 10 actions
staple additional sheet here

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